PROPERTY & CASUALTY INSURERS

COMPANY NAME:	NAIC Company Code:		
Contact:		Telephone:	
REQUIRED FILINGS IN THE STATE OF:	TENNESSEE	Filings Made During the Year 2009	

(1)(2)(5) (6)NUMBER OF COPIES* FORM APPLICABLE Check-Line REQUIRED FILINGS FOR THE ABOVE STATE DUE DATE SOURCE** NOTES list Domestic Foreign NAIC State State I. NAIC FINANCIAL STATEMENTS Annual Statement (8 ½" x 14") EO NAIC 1 1 1 3/1 A-S Printed Investment Schedule detail (Pages E01-E25) EO 3/1 NAIC 1.1 1 XXX Only if previously notified 5/15, 8/15, 11/15 2 Quarterly Financial Statement (8 1/2" x 14") 1 EO NAIC A. B. E-L. W 3 Protected Cell Annual Statement 0 3/1 NAIC XXX Combined Annual Statement (8 1/2" x 14") 5/1 4 EO N/A NAIC 1 II. NAIC SUPPLEMENTS Accident & Health Policy Experience Exhibit 10 1 EO 1 4/1 NAIC Q 3/15 11 Actuarial Opinion Summary xxx N/A xxx Company 12 Combined Insurance Expense Exhibit EO N/A 5/1 NAIC 1 4/1 NAIC 13 Credit Insurance Experience Exhibit EO R 1 1 14 Exceptions to Reinsurance Attestation Supplement 1 N/A XXX 3/1 Company 15 Financial Guaranty Insurance Exhibit 1 EO N/A 3/1 NAIC 4/1 16 Investment Risk Interrogatories EO NAIC N/A EO 4/1 NAIC 17 Insurance Expense Exhibit 1 18 Long Term Care Experience Reporting Forms 1 EO N/A 4/1 NAIC 19 Management Discussion & Analysis EO 4/1 Company A, B 20 Medicare Supplement Insurance Experience Exhibit 3/1 1 EO XXX NAIC 3/1, 5/15, 8/15, 21 Medicare Part D Coverage Supplement 1 EO 1 NAIC A, B 11/15 Premiums Attributed to Protected Cells Exhibit 1 EO N/A 3/1 NAIC 23 Reinsurance Attestation Supplement 1 EO XXX 3/1 Company 24 Reinsurance Summary Supplemental 1 EO 3/1 NAIC XXX Risk-Based Capital Report 25 EO N/A 3/1 NAIC 1 26 Schedule SIS 1 N/A N/A 3/1 NAIC 27 EO 3/1 F, P Statement of Actuarial Opinion Company Only if previously notified 28 Supplement A to Schedule T EO 3/1, 5/15, 8/15, NAIC 1 11/15 29 Supplemental Compensation Exhibit N/A N/A 3/1 NAIC 30 Trusteed Surplus Statement 1 EO 3/1, 5/15, 8/15, NAIC XXX 11/15 III. ELECTRONIC FILING REQUIREMENTS 40 Annual Statement Electronic Filing 3/1 NAIC XXX XXX 41 March .PDF Filing 3/1 NAIC XXX xxx 3/1 42 Risk-Based Capital Electronic Filing XXX 1 N/A NAIC Risk-Based Capital .PDF Filing 43 XXX 1 N/A 3/1 NAIC 44 Combined Annual Statement Electronic Filing XXX 5/1 NAIC xxx 45 5/1 Combined Annual Statement .PDF Filing 1 NAIC XXX XXX 46 Supplemental Electronic Filing 1 4/1 NAIC XXX XXX 47 Supplemental .PDF Filing xxx xxx 4/1 NAIC 5/15, 8/15, 11/15 48 Quarterly Electronic Filing 1 NAIC XXX XXX 49 Quarterly .PDF Filing 1 5/15, 8/15, 11/15 NAIC XXX XXX 50 June .PDF Filing XXX NAIC XXX IV. AUDITED FINANCIAL STATEMENTS N/A 61 Accountants Letter of Qualifications 1 1 6/1 Company A. B 62 Audited Financial Statements 1 EO 6/1 Company A, B 63 Audited Financial Statements Exemption Affidavit 1 N/A 6/1 A. B Company 64 Independent CPA (Awareness Letter) 1 N/A Only if CPA 6/1 Company A, B 65 Notification of Adverse Financial Condition 1 N/A 6/1 Company A, B Company 66 Report of Significant Deficiencies in Internal Controls N/A 6/1 A, B 67 Request for Exemption to File 1 N/A 6/1 Company A, B, X 1 68 Request to File Consolidated Audited Annual Statements 1 N/A 1 6/1 Company A, B V. STATE REQUIRED FILINGS Certificate of Compliance 101 0 3/1 State B 1 1 102 Certificate of Deposit 1 0 3/1 State В 103 Filings Checklist (with Column 1 completed) 0 N/A State 3/1, 6/1, 8/20, A, D, T 104 Premium tax 1 0 1 State 12/1 105 State Filing Fees 1 0 1 3/1 State C. D Only in Annual 106 Signed Jurat 1 3/1 NAIC F, G, L XXX Holding Company Registration Statement 4/30 State 107 1 N/A N/A A, B, U 108 Certificate of Compliance for advertising life, accident, & 1 0 1 3/1 Company M. V health advertising Credit Insurance Compensation to Creditors Affidavit 0 1 3/1 M. S 1

^{*}If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.

A	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS) Required Filings Contact Person:	
A	Property & Casualty Insurance Company Contact Person:	Jop Bunyasrie, 615-741-6193 Surayuth.Bunyasrie@state.tn.us
	Premium Tax Filing Questions:	Mark Brothers, 615-741-1203 Mark.Brothers@state.tn.us
В	Mailing Address:	State of Tennessee Department of Commerce and Insurance Financial Affairs Section / Analytical Unit 05 500 James Robertson Parkway, 4 TH Floor Nashville, Tennessee 37243-1135 (615) 741-1633
С	Mailing Address for Filing Fees: TCA 5-4-101 provides for a \$515.00 Annual Statement filing fee. Please do not enclose this fee with Annual Statement.	This fee is included on the premium tax return. (SEE D, FOR PREMIUM TAX ADDRESS)
D	Mailing Address for Premium Tax Payments:	State of Tennessee Department of Commerce and Insurance
	Tax Return and Filing Fee MUST be mailed under separate cover from the Annual Statement.	Division of Insurance P.O. BOX 198983 Nashville, TN 37219-8983
Е	Delivery Instructions: An Annual Statement or Tax Return (with payment) must be received on or before March 1st to be considered a timely filing.	The document will be considered a prompt filing provided such document bears a postmark , or comparable marking no later than the due date, and is transmitted by the
	Note: When the due date falls on a non-business day (Sunday or legal holiday), the next business day following will be considered as the due date.	United States Postal Service, Federal Express, United Postal Services, or other carrier recognized by the Commissioner. A company's meter mail stamp will not acceptable evidence of a timely filing
F	Late Filings: Timely filings must be received on or before March 1st. Tennessee DOES NOT recognize filing extensions for Annual Statements. An example of an <i>incomplete</i> filing is one that does not adhere to the requirements in <u>one or more</u> of the following sections: G, H, L, M, O, P.	Late or incomplete filings are assessed a \$100.00 per day late or incomplete filing penalty, pursuant to TCA §56-1-502.
G	Original Signatures: Please use blue ink.	ORIGINAL JURAT, NOTARY, AND ACTUARY SIGNATURES ARE
Н	Signature/Notarization/Certification:	REQUIRED Tennessee requires original signatures, including an original notary signature.
I	Amended Filings:	An explanation of the amendment is required An amended financial statement filing require a jurat page with original signatures and notary.
J	Exceptions from normal filings:	None
K	Bar Codes (State or NAIC)	NAIC bar code instructions
L	Signed Jurat Reminder: Tennessee requires original signatures.	TCA \$56-1-501 requires the financial statement be subscribed and sworn to by the President and Secretary, or in their absenct two (2) principal officers. If the statement signed by anyone other than the President and Secretary, an affidavit must be included and stated that such person is a principal officer elected by the board of directors.
M	NONE Filings:	NAIC Annual Statement Instructions. Blank exhibits or schedules will result in a interpretation that an incomplete filing was submitted, and will be subject to filing penalties.

0	Size, printing standards, numbering, & binding:	The NAIC Annual Statement Instructions provide guidance on printing standards, statement layout, and required binding. Annual Statements are properly bound if they are stapled in the CENTER seam or professionally bound by adhesive.
P	Actuarial Opinion: The Actuarial Opinion or Domiciliary State exemption letter must be on or attached to page 1 of the Annual Statement.	The opinion must bear an original signature, and must be completed by a Qualified Actuary. If an Actuarial Opinion does not contain an original signature, the filing will be subject to the penalties noted in Note F.
Q	A&H Policy Experience Exhibit The A&H Policy Experience Exhibit must be mailed under separate cover	State of Tennessee Department of Commerce & Insurance 4 th Floor, Actuarial Section 500 James Robertson Parkway Nashville, TN 37243-1130 ATTN: Carole Templeton
R	Credit Insurance Experience Exhibit The Credit Insurance Experience Exhibit must be mailed under separate cover	Department of Commerce & Insurance 4 th Floor, Actuarial Section 500 James Robertson Parkway Nashville, TN 37243-1130 ATTN: Brian Hoffmeister
S	Credit Insurance Compensation to Creditors Affidavit	This form is required by TCA 56-7-9 and must accompany annual statement filed on or before March 1 st .
Т	Penalty and Interest on Premium Taxes All delinquencies shall bear interest of ten percent (10%) per annum from the date the amount was due and paid, pursuant to TCA 56-4-216	Premium taxes will be assessed in addition to the amount of taxes; five percent (5%) for the first month or fractional part thereof, additional five percent (5%) for the second month or fractional part thereof, and penalty thereafter at one half of one percent (0.5%) per month.
U	Holding Company Registration Statement Tennessee's Holding Company Registration Deadline is April 30 th	Foreign companies are NOT required to file if domiciliary state laws are substantially similar to Tennessee's Title 56, Chapter 11.
V	Certificate of Compliance for Advertising Life, Accident, and Health Advertising	Pursuant to Tenn. Comp. Rules & Regs., ch. 0780-1-817.
W	Quarterly Financial Statement (8 ½" x 14")	Foreign—Only required for companies specifically notified by the TN Dept; otherwise, foreign companies are exempt. Domestic—Required to file.
X	Exemptions	Annual Statements—Not Allowed. Audited Statements—If approved by domiciliary state; Must file by June 1.

General Instructions For Companies to Use Checklist

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The

NAIC will not be sending their own checklist this year.

Electronic filing is intended to include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC.

Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings)

Name of item or form to be filed.

The Annual Statement Electronic Filing includes the annual statement data and all supplements due March 1, per the Annual Statement Instructions. This includes all detail investment schedules and other supplements for which the Annual Statement Instructions exempt printed detail.

The *March .PDF Filing* is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The Risk-Based Capital Electronic Filing includes all risk-based capital data.

The Supplemental Electronic Filing includes all supplements due April 1, per the Annual Statement Instructions.

The Supplemental .PDF Filing is the .pdf file for all supplemental schedules and exhibits due April 1.

The Quarterly Statement Electronic Filing includes the complete quarterly statement data.

The Quarterly Statement .PDF Filing is the .pdf file for quarterly statement data.

The *Combined Annual Statement Electronic Filing* includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit.

The *Combined Annual Statement .PDF Filing* is the .pdf file for the Combined annual statement data and the combined Insurance Expense Exhibit.

The *June .PDF Filing* is the .pdf file for the Audited Financial Statements.

Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail. if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.

Column (5) (Due Date)

Indicates the date on which the company must file the form.

Column (6) (Form Source)

This column contains one of three words: "NAIC," "State," or "Company," If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions. If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*..

Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes <u>before</u> submitting a filing.